

**ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY**

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**CEU APPROVAL REQUEST FORM**

INSTRUCTIONS: This form is to be completed by licensed MFT's requesting approval for CEU's not previously approved by NBCC, or AAMFT or their affiliate divisions. Upon receipt of a complete CEU Approval Request Form, the request will be reviewed by the ABEMFT CEU Sub Committee for their review. You will be notified in writing of the committees' conclusion as soon as possible.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Type of Hours Earned:

Location of Seminar: \_\_\_\_\_ ☐ Clinical MFT

Title: \_\_\_\_\_ ☐ Professional Ethics

Brief Description: \_\_\_\_\_ ☐ Supervision

\_\_\_\_\_ ☐ Other \_\_\_\_\_

Principal Instructor: \_\_\_\_\_

Dates: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

1. How does the content of the activity fit into one of the ABEMFT approved content areas as described in the ABEMFT Rules and Regulations? \_\_\_\_\_

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2. How is the activity geared toward mental health or family therapy professionals? \_\_\_\_\_

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3. How will the activity assist you in your roles as an MFT? \_\_\_\_\_

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4. Do the presenters possess recognized credentials and experience related to the content of the activity? What are they? \_\_\_\_\_

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5. If the activity is self-help in nature, does it include a component on how to pass the material on to clients? \_\_\_\_\_

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6. If the course is a teleconference, how will it provide an opportunity to interact with the instructor or facilitator? \_\_\_\_\_

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7. Will the program increase your skills or knowledge in the practice of MFT? \_\_\_\_\_

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8. What documentation can you provide to support the number of hours you are claiming? \_\_\_\_\_

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